



Verification of Work Experience

This statement must be prepared and signed by the Employer verifying your work experience.

Please fill out the top portion and have your employers return the form to you.

This form must be submitted along with your application for Class 4 licensure.

One of these forms should be completed by each employer in order to verify at least 10,000 hours of work experience.

Employee Information:

Last Name		First Name		MI	
Address				City	
State		Zip Code		Former Name(s)	

The following information is to be completed by the applicants former/current employer for verification of relevant experience in the endorsement area.

Name of Employer			
City/State			
Position(s) held during period of employment			
Type of Employment	<input type="radio"/> Full Time	<input type="radio"/> Part Time	If Part time, please indicate number of hours per week _____
Period of Employment	From ____/____/____ Month Day Year		To ____/____/____ Month Day Year

Job Duties: Please describe in detail the duties required for the position held during the period of employment referenced above. Other supporting documents may be attached as needed. Please attach a position description if available.

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Name and title of the person completing this form					
Signature					
Address					
City		State		Zip Code	
Date		Email Address		Phone Number	